



Massachusetts Department of Environmental Protection
Bureau of Waste Prevention – Hazardous Waste

BWP HW 09 Facility Modification-Class 1

BWP HW 10 Facility Modification-Class 2

BWP HW 11 Facility Modification-Class 3

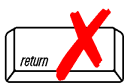
Transmittal Number #

Facility ID (if known)

TSD Facility Modification Summary

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Name of Facility

EPA Identification Number

B. Summary of Proposed License Modification

1. Specify the modification class being applied for:

☐ Class 1

☐ Class 2

☐ Class 3

2. State the section, subsection, and description of the modification as set forth in Table 310 CMR 30.382. If the modification is not listed in the table, briefly describe the proposed modification.

C. Modification Plans

All plans for modification must include the following:

☐ A description of the change to be made to license conditions or supporting documents referenced by the license.

☐ An explanation of why the modification is necessary.

☐ All information required by 310 CMR 30.801 through 30.804.

D. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Print Name

Authorized Signature

Position/Title

Date